

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

State of Minnesota, by its
Attorney General Lori Swanson,

Civil File No. 12-145 RHK/JJK

Plaintiff,

v.

**AFFIDAVIT OF
DANIEL RITTER**

Accretive Health, Inc.,

Defendant.

Daniel Ritter, being first duly sworn on oath, states as follows:

1. My name is Daniel Ritter. I am 63 years old and live in Burnsville with my wife, Dianne. We have six adult children and five grandchildren. I graduated from Concordia Seminary in St. Louis, and I have been a pastor in the Missouri Synod Lutheran Church since 1985. For the first 21 years of my ministry, I was a pastor at churches in Nebraska. In 2006, we moved to Minnesota when I became the pastor at Mount Hope Lutheran Church in Bloomington. Dianne volunteers at the church and is a great help to me in my ministry.

2. In 2010, I was having a lot of trouble with one of my hips. It got to the point where it was affecting my ministry and was difficult to get around. One of our parishioners suggested that I go see an orthopedic surgeon. When I went to see the orthopedic surgeon, he took an X-ray and found the problem -- I needed a complete hip replacement. This was a big deal for me since it would be my first major surgery since I

was 22 years old, I would be out of work for a while, and I would need to find pastors to replace me in my absence. So that I could be back to work before the Thanksgiving and Christmas seasons -- important times at the church -- we scheduled my surgery for October 7, 2010 at Fairview Southdale hospital.

3. In the weeks leading up to my surgery, I received a few pre-registration calls from the hospital, to confirm my Blue Cross insurance and other information. At no time during these calls was I asked for any money. On the morning of October 7, Dianne and I went to Fairview Southdale at about 7:30 a.m. for my surgery. I was very nervous for the surgery, and so was Dianne. We went to the front desk to check in, and were told that we had to go around the corner to see a counselor before surgery. We were directed to a woman, who first asked some basic questions about me. Then, the woman told Dianne and me that we needed to pay \$1,500 before having my hip replacement surgery. At this point, it was about 15 minutes before I was supposed to go into surgery. Dianne and I were shocked; our jaws must have dropped. We did not have a prior balance -- in fact, I had never been to Fairview Southdale before. And since I was having surgery, I did not even bring my wallet with me. Dianne asked the woman what she was talking about -- no one had ever told us about payment before surgery, and we had great insurance. Plus, how would they even know what the ultimate bill would be, or what our insurance would cover? The woman said that it was their policy to collect money before surgery. When we continued to object, the woman told us that if we did not pay, the surgeon had the right to not do my surgery. We felt threatened, and felt like we had no choice but to pay. We also couldn't afford \$1,500. The woman did not say that payment


was optional. We told the woman that I did not have my wallet. Dianne said that we didn't have an extra \$1,500 in our checking account. Dianne said that all she had with her was a credit card. The woman said that they took credit cards. Because we couldn't afford \$1,500, but because I needed the surgery, we started to haggle with the woman about what kind of payment they would accept so that I could have my surgery. Dianne said that we wouldn't give them more than \$700. We eventually paid \$700. The woman swiped Dianne's credit card and gave us a receipt for Dianne to sign. Dianne signed the receipt. A copy of the receipt the woman gave to us is attached as Exhibit 1. We left the woman, and we felt very stressed. I was so upset to be treated like this right before surgery. Before I had surgery, my blood pressure was taken. They had to take it a few times because it was higher than usual. I then had my complete hip replacement surgery.

4. After my surgery, I got a bill from Fairview. Attached as Exhibit 2 is a copy of the bill. The bill showed that after applying our \$700 payment, I owed only \$95.51 to Fairview. So, if we would have paid the entire \$1,500 that the woman told us to pay, rather than haggling about the payment right before my surgery, we would have overpaid by \$704.49.



 DANIEL RITTER

Subscribed and sworn to before me
 this 8th day of June,
 2012.



 Notary Public



Print Receipt

Page 1 of 1

**Patient Payment Receipt**

Terminal Operator: Operator #297
Transaction Date: Oct 7 2010 7:49AM
Batch #: 17163

Payment Information**Charges**

Patient	AR Number	Date of Service	Service Code	Amount Due	Payment
Daniel Ritter (MR: [REDACTED]) 2009 Highland Dr, Burnsville, MN 553372084	[REDACTED]	10/07/2010	MS	\$ 1,500.00	\$ 700.00

Total Paid: \$ 700.00**Payment Method:** [REDACTED]**Card Number:** **** * [REDACTED]**Cardholder's Name:** DIANNE RITTER**Authorization Code:** [REDACTED]**Signature:**

EXHIBIT I



Mail Return Department - DO NOT MAIL PAYMENTS HERE
100 South Owasso Blvd West
St. Paul, MN 55117

Due Date	Account #	Location
12/05/10		FAIRVIEW SOUTHDALE HOSPITAL



For Payment Arrangements or Questions, Call:

(612) 672-6724 MONDAY THRU FRIDAY 8:00AM - 4:30PM
(888) 702-4073

ADDRESSEE:

286 DANIEL R RITTER
2009 HIGHLAND DR
BURNSVILLE MN 55337-2084

Please Note:

YOUR BALANCE IS DUE IN FULL. TO DISCUSS OTHER PAYMENT OPTIONS, PLEASE CALL OUR OFFICE WITHIN THE NEXT 10 DAYS.

TO REQUEST AN ITEMIZATION OF BILLED CHARGES, CALL 612.672.7030.

Admission Service Date	Patient Name	Total Charges	Payment Adjustment	Patient Balance
10/07/10 - 10/10/10	DANIEL R RITTER	34,145.85	-700.00 -33,350.34	95.51
<p>As of 11/10/10 SELF PAY PAYMENT BLUE CROSS PAYMENT</p> <p><i>comb # 008623 11/30/10</i></p> <p>Hospital Bill</p> <p><i>You will be billed separately for Professional Services</i></p>				

To pay your Fairview bill online go to www.fairview.org

Please Pay This Amount

\$95.51

TO ENSURE PROPER CREDIT, RETURN LOWER PORTION IN THE ENCLOSED ENVELOPE

☐ Please check if above address is incorrect and indicate change on enclosed form



Due Date: 12/05/10

Account Number:

Patient Name: DANIEL R RITTER

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

PAY THIS AMOUNT \$95.51

SHOW AMOUNT PAID HERE \$95.51

PLEASE MAIL PAYMENTS TO THIS ADDRESS

FAIRVIEW HEALTH SERVICES
PO BOX 147
MINNEAPOLIS, MN 55440-0147

EXHIBIT 2

190164788309000009551011110105